

This pattern—known as “space-time clustering”—resulted in short lived mini-epidemics at various times. There was marked cross clustering between cases of astrocytoma and ependymoma, suggesting shared aetiological factors (*British Journal of Cancer* 2002;86: 1070).

Analyses of seasonal variation showed that more cases were found in children born in the late autumn or in winter. This may be because children are more prone to catch infections at these times.

Susan Mayor *London*

Dying woman may revoke her controversial suicide plans

A woman with terminal bowel cancer who reopened the euthanasia debate in Australia by going public with her plans to commit suicide may change her mind after all.

Nancy Crick (pictured below), who has been experiencing chronic pain, vomiting, and diarrhoea, said she might reconsider her decision if the palliative care and pain relief treatment offered by a Queensland hospital make her life more tolerable.



The 70 year old great grandmother has detailed her suffering and wish to die in a website (6 April, p 856).

Five years ago Crick could have requested physician assisted suicide. The neighbouring state to Crick's Queensland, the Northern Territory, became the first place in the world to legalise

euthanasia with the Rights of the Terminally Ill Act in 1996, but the law was overturned by the federal government nine months later. Crick wants it reinstated.

Christopher Zinn *Sydney*

See www.nancycrick.com

High Court quashes GMC verdict

A hospital consultant has won a High Court ruling quashing a finding of serious professional misconduct against him by the General Medical Council on the grounds that it was irrational and perverse.

Mr Justice Turner ruled that Jeffrey Cream's decision to pass on concerns that a member of an appointments committee might be biased did not amount to misconduct at all.

Dr Cream, a consultant dermatologist at Chelsea and Westminster Hospital, London, was due to sit on a committee interviewing candidates for a new consultant post when a colleague, Professor Pauline Dowd, told him she had been given some information about another panel member. She said that Dr Tony Chu had received research funds from a family trust, one of whose trustees was related by marriage to a candidate for the post.

Dr Cream took no action until the day before the interviews were to be held, when Professor Dowd sent him photocopies of pages from Dr Chu's diary that seemed to support her claim. Dr Cream spoke to the Medical Defence Union and then to his chief executive, who advised him to report the allegation to the chairman of the interviewing panel. In fact the entries referred to another trust with a similar name.

Mr Justice Turner said the professional conduct committee had made a fundamental error in failing to recognise that until Dr Cream had received the diary pages he was under no obligation to investigate what at that stage was merely gossip. Once he had received specific information, he followed the spirit of the GMC's guidelines on good practice.

Clare Dyer *legal correspondent, BMJ*

Scotland to start screening programme for diabetic retinopathy

Bryan Christie *Edinburgh*

Scotland is planning to introduce what is said to be the world's first national screening programme for diabetic retinopathy, to help prevent a condition that can damage eyes and lead to blindness.

The Health Technology Board for Scotland has produced recommendations on how the programme should be organised, and an implementation group has been set up to work with Scottish health boards on its introduction. The programme will be based on an annual eye examination that will be offered to all 150 000 people in Scotland with diabetes.

The tests will use digital cameras to examine the condition of the retina, which will enable four out of five patients to be screened without the discomfort and inconvenience of eye drops. Screening will be offered in a range of venues—from mobile vans to hospital clinics—and by community optometrists.

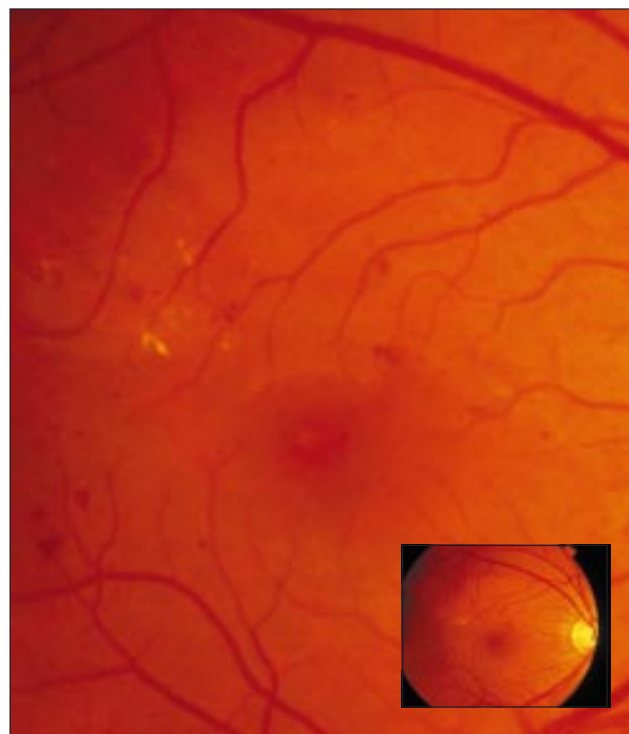
Local screening programmes are in place in a number of countries, but Delia Henry, the Scottish manager of Diabetes UK,

said: “We are not aware of any other country that has developed a national screening strategy. Our understanding is that this will be the first, and we really welcome it. It is a significant step forward.”

A survey conducted by the board found wide variation in the current provision of diabetic retinopathy screening in Scotland, with only around half of people being screened. In some cases the screening was found to be not as regular or as effective as it should be. The new programme will develop a diabetic registry and operate a call and recall system to ensure that all patients with diabetes are offered regular screening.

It is estimated that the programme will cost £4.3m (\$6.2m; €7.0m) to establish and £2.4m to operate in subsequent years. The cost per patient screened will be less than £22. It is estimated that at any one time 5-10% of people with diabetes will have retinopathy that needs further examination or treatment. □

The board's recommendations are available at www.htbs.org.uk



Diabetic retinopathy: early macular changes